

Date: _____

DONATION TO SINGAPORE BASEBALL AND SOFTBALL ASSOCIATION

Dear President,

(Donor, please fill up ONE of the following boxes):

I, _____
 (full name as in NRIC/FIN) of _____
 (NRIC or FIN No.¹),

I, _____
 (full name as in NRIC/FIN) of _____
 (NRIC or FIN No.¹), on behalf of

Child name: _____

Company name: _____

am donating the amount of S\$ _____ **Singapore Baseball and Softball Association** for the purpose of SBSA's High Performance Sport ("HPS") System.

(Please tick) ***Mandatory document required – please send a photocopy/photo of the cheque together with this form.**

Attached is the cheque payment made out to **"Singapore Baseball and Softball Association"**:

Bank Name: _____ Cheque No: _____

(Please tick) ***Mandatory document required - please send a photocopy/photo of this transaction together with this form.**

Details via Bank Transfer: _____ Date of Transfer: _____

Bank Name: _____ Transaction ID: _____

Disclosure of personal data protection – By agreeing to these terms and conditions, you hereby consent to the following:

- 1) For SBSA to collect your personal information which may include, without limitation, your name, alias(es), residential address, contact number, email address, identity card/passport number, nationality, date of birth, and banking details ("**Personal Information**").
- 2) For SBSA to use, process and disclose such **Personal Information** for the purposes of verifying the information provided and/or assessing the donation/application.
- 3) For SBSA to disclose, in compliance with all applicable laws on data privacy, such **Personal Information** to any personnel within SBSA for the purposes of (2) above, or to government agencies as may be required by law and/or for processing, reporting, investigating or auditing purposes. SBSA shall disclose the **Personal Information** to the aforementioned parties only to the extent necessary and required in the circumstance.

Signature: _____

Contact No: _____

Email Address: _____

¹ The Name and NRIC no. provided will be used to process tax-deductible receipts. If you do not wish to receive this, please indicate only your last 3 digits and the last character of your NRIC no.

I would like the donation to be used for the following team:

*(Please choose accordingly)

Men's Baseball

Men's Softball

Women's Softball

U12 Mixed Softball

Baseball 5

Masters Softball

Others: _____ (please specify)